FORM D

2007

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** FORM LIMITED OFFERING EXEMPTION

14	10	4	6	1	8

OMB APPROVAL

OMB Number: 3235-0076

Expires:

Estimated average burden hours per response. . . . 16.00

SI	SEC USE ONLY								
Prefix		Serial							
DA	TE RECEIV	ED							

Name of Offering	ect if this is an amendment a	nd name has chang	ed, and indicate of	change.)	
Series A Convertible Rreferre	Stock Offering		•		
Filing Under (Check box(cs) th	nat apply): Rule 504	☐ Rule 505	⊠ Rule 506	☐ Section 4(6)	ULOE
Type of Filing:	w Filing	ent			
	A. BA	SIC IDENTIFIC	CATION DATA	1	
1. Enter the information requ	uested about the issuer				[17] [18] [18] [18] [18] [18] [18] [18] [18
Name of Issuer (□ check if this	s is an amendment and name	has changed, and i	ndicate change.)	_	
Andrew Ryan Consulting Inc	corporated				0706044
Address of Executive Offices	(Number and Street,	City, State, Zip C	ode)	Telephone Numbe	07069147
1150 18th St., NW, Suite 975,	, Washington, DC 20036			202-721-0080	
Address of Principal Business (Operations (Number a	and Street, City, St	ate, Zip Code)	Telephone Number	r (Including Area Code)
(if different from Executive Off	fices)				
Brief Description of Business:					PROOF
Software services provider.					- OUEGOPE
Type of Business Organization	J			_	- MINIO
corporation	☐ limited partnersh	ip, already formed	□ oth	er (please specify): 🖊	90NZ9 2007
☐ business trust	☐ limited	partnership, to be			, <u>n</u>
		Month Year			EININSON
Actual or Estimated Date of Inc	corporation or Organization:	1 2	1011	■ Actual □ Estim	ated "VAIVCIAI"
Jurisdiction of Incorporation or	r Organization: (Enter two-le	tter U.S. Postal Se	rvice abbreviatior	for State:	-
	CN for Canada; FN	for other foreign ju	risdiction) D	<u>E</u>	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTI	FICATON DATA		
2. Enter the information r		llowing:			
		has been organized within the		£ 100/ as mass a	for along of aguity acquaiting of
the issuer;	naving the power	to vote or dispose, or direct	the vote or disposition of	ii, 10% or more o	f a class of equity securities of
		porate issuers and of corpora tnership issuers.	ite general and managing	partners of partne	ership issuers; and
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first,	if individual)				
Ryan, Andrew					
Business or Residence Add	ress (Number and S	Street, City, State, Zip Code)			
c/o Andrew Ryan Consult	ing Incorporated I	150 18th St., NW, Suite 975	5, Washington, DC 2003	6	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	, if individual)				
Slusar, Mark	·				
Business or Residence Add	ress (Number and	Street, City, State, Zip Code)			
	•	225 Potomac Street, N.W.,		7	
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
					Managing Partner
Full Name (Last name first,	, if individual)	· · · · · · · · · · · · · · · · · · ·			
Beekman, Douglas					
Business or Residence Add	ress (Number and	Street, City, State, Zip Code)			
c/o Advantage Capital D.	C. Partners LLC 3	3128 M Street NW, Suite 31	0, Washington, DC 200	07	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or
					Managing Partner
Full Name (Last name first,	, if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip Code)			
c/o Andrew Ryan Consult	ing Incorporated	1150 18th St., NW, Suite 97	75, Washington, DC 200	36	·
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first,	, if individual)				
Enhanced Capital District	t Fund, LLC	•			
Business or Residence Add	ress (Number and	Street, City, State, Zip Code)	l		
1225 Potomac Street, N.W.	., Washington, D	.C. 20007			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first,	if individual)				
Advantage Capital D.C. P	artners I LLC				
Business or Residence Add	ress (Number and	Street, City, State, Zip Code))		
3128 M Street NW, Suite	310, Washington,	DC 20007			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Enter Donies, mai rippiy.		= Sympholic Office	_ Entention Officer		Managing Partner
				·	gg
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Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)		-	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)		-	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			

					B. INF	ORMAT	ON ABO	UT OFFE	RING				
												Yes	No
1.	Has the	e issuer so	old, or doe	es the issuer			n-accredited x, Column 2,			ring?			X
2.	What i	s the mini	mum inve	estment that	will be ac	cepted fro	m any indi	vidual?	•••••	*************		\$ <u>N</u> Yes	lone No
3.	Does t	he offerin	g permit j	oint owners	hip of a si	ngle unit?.				***********		X	
4.	commi offerin and/or	ssion or g. If a p with a st	similar re erson to l ate or sta	uested for emuneration be listed is tes, list the a broker or	for solic an associ name of	itation of ated person the broker	purchasers n or agent or dealer.	in connect of a broke If more the	ction with s or or dealer han five (5)	sales of se registered persons t	curities in with the S o be listed	the EC	
Fu	ll Name	(Last nam	e first, if	individual)									
Bu	siness o	Residence	e Addres	s (Number a	and Street	, City, State	e, Zip Code	;)					
Na	me of A	ssociated	Broker or	Dealer					-				
Sta	ites in W	hich Pers	on Listed	Has Solicit	ed or Inter	nds to Solid	cit Purchase	ers					
				ndividual S				•••••				□ All S	States
	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
-	. <u>г</u>]	[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	T] :I]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	(YY)	[NC] [VA]	(ND) (WA)	[OH] [VW]	[WI]	[OR] [WY]	(PA) [PR]
				individual)									
Bu	siness o	Residen	e Addres	s (Number a	and Street	, City, State	e, Zip Code	e)					
Na	me of A	ssociated	Broker or	Dealer									
Sta	ites in W	hich Pers	on Listed	Has Solicit	ed or Inter	nds to Solie	cit Purchas	ers					
(C	heck "Al	l States"	or check i	ndividual S	ates)							□ A]] S	
	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI] [MS]	[ID] [MO]
	L] IT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] (MM)	[ME] (NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[OR]	[PA]
	I)	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Fu	ll Name	(Last nam	ne first, if	individual)									
Bu	siness o	Residen	ce Addres	s (Number a	and Street	, City, State	e, Zip Code	e)		-		· · · · ·	
Na	me of A	ssociated	Broker or	Dealer									
Sta	ites in W	hich Pers	on Listed	Has Solicit	ed or Inter	nds to Soli	cit Purchas	ers					
(Cl	heck "Al	l States"	or check i	ndividual Si	ates)							□ All S	States
[A	T)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	L] IT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	(MD) (NC)	[MA] [ND]	[MI] [OH]	(MN)	[MS] [OR]	[MO] [PA]
	I]	[SC]	[SD]	[NA]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[UK]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	(Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity			\$	1,999,999.00
	□ Common ⊠ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests				0
	Other (Specify)			\$	0
	Total				
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors				1,999,999.00
	Non-accredited Investors			\$	
	Total (for filings under Rule 504 only)	_		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.		-		
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505	_		\$	
	Regulation A	_		\$	
	Rule 504	_		\$	
	Total	_		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees			\$	70,000
	Accounting Fees.				
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			Ĉ.	
				9	70,000
	Total		نکا	Þ	70,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross \$ 1,929,999.00 proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b above. Payments to Officers, Directors Payments to & Affiliates Others Purchase of real estate _____ □ \$____ □ \$____ Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) _____ 🗖 \$_____ Other (specify): _____ 🗆 \$_____ □ \$_____ □ \$____ X \$ 1,929,999.00 **区** \$ 1,929,999.00 Total Payments Listed (column totals added) D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Andrew Ryan Consulting Incorporated	Signature	Date June <u>21,</u> 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Andrew Ryan	President	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		_			
		E. STATE SIGNATURE]
1.		ently subject to any of the disqualification provisions of		Yes	No E
	See Appen	dix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to fu CFR 239.500) at such times as required by stat	rnish to any state administrator of any state in which thi e law.	s notice is filed, a notic	e on Fo	тп D (17
3.	The undersigned issuer hereby undertakes to offerees.	furnish to the state administrators, upon written request	, information furnished	by the	issuer to
4.		uer is familiar with the conditions that must be satisfied ich this notice is filed and understands that the issuer claions have been satisfied.			
	issuer has read this notification and knows the authorized person.	contents to be true and has duly caused this notice to be	signed on its behalf by	the und	lersigned
	er (Print or Type) drew Ryan Consulting Incorporated	Signature	Date June <u>2</u> J, 2007		
	ne of Signer (Print or Type) Irew Ryan	Title of Signer (Print or Type) President			

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3		4					
	non-accinvestor:	so sell to credited s in State	Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State					
	(Рап В	-Item 1)	(Part C-Item 1)	Number of	(гап	C-Item 2) Number of		(Part E	item i)	
State	Yes	No	Series A Preferred Stock	Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
ÅL										
AK										
AZ										
AR				-						
CA	ļ									
СО							,			
СТ										
DE										
DC		х	Preferred	2	\$1,999,999.00				x	
FL										
GA									<u> </u>	
HI										
ID										
ΙL	<u> </u>									
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MN	 									
MS								<u></u>		

APPENDIX

1	2		3			4		5 Disqualification		
,	non-acc	o sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	and aggregate offering price offered in state Type of investor and amount purchased in State				under Sta (if yes explan waiver	ification ate ULOE , attach ation of granted) -Item 1)	
State	Yes	No	Series B Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes_	No	
мо								,		
МТ					•					
NE				·						
NV			A							
NH										
NJ										
NM			,		·					
NY										
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OR										
PA										
RI										
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